

# APPENDIX I

## Service Matrix Instructions

1. Indicate on the Service Matrix each OAA and CBSP program/service the AAA provides by entering a "D" if provided as a direct service and/or "C" if contracted.
2. If a CBSP service has been checked as a direct service, has prior approval been obtained in accordance with PM 98-107 If not, when is request for approval documentation to be submitted.

CBSP be Program Submitted By;	Direct Service	Request to
	Approved	
Linkages	Yes X No	
Respite Purchase of Service	Yes X No	
Respite Registry	Yes X No	
	Yes No	

- 3.If the Title III/VII service has been checked as a direct service, complete Appendix 1A and/or 1B as appropriate.
- 4.Indicate all funding sources used in providing each program/service.

The "Other" column is used to indicate when funds other than State or federal funds, e.g., other local government agencies or programs, private funding or grants, are used as a funding source to provide the program/service.

5. Optional - Use the "Funding" column to indicate all funds from any source utilized in providing the service/program.

**Appendix IA**  
**2001-2005 Area Plan**  
**AAA Services Matrix**

PSA 20

FY 01-02

Federal Programs	Funding Sources*							Funding Amount (Optional)
	IIIB	IIIC	IIIF	V	VII	State	Other	
Adult Day Care/Health	C							
Assisted Transportation	C							
Case Management								
Chore	C							
Community Services	C							
Congregate Meals		C						
Disease Prevention			D					
Elder Abuse Prevention					D			
Employment				D				
Family Support								
Health	C							
Home Delivered Meals		C						
Homemaker	C							
Home Repair	C							
Housing	C							
Information & Assistance	D							
Legal Assistance	C							
Mental Health								
Nutrition Counseling		C						
Nutrition Education		C						
Ombudsman	D							
Outreach	D/C							
Personal Care	C							
Program Development & Coordination	D							
Transportation	C							
Security/Crime	C							
Senior Center Renovation/Acquisition								

Community Based Programs	Funding Sources*							Funding Amount
	IIIB	IIIC	IIIF	V	VII	State	Other	(Optional)
Alzheimers (ADCRC)						C		
Brown Bag						C		
Foster Grandparent **								
HICAP						C		
Linkages						D		
Respite Purchase of Service						D		
Respite Registry						D		
Senior Companion						C		

\*For each program indicate if the AAA provides it as a Direct (D) or Contracted ( C) service.

















\*\* Foster Grandparent service dollars were merged into the Senior Companion Program and thereby used to expand that service.

# Appendix IA

## *Notice of Intent for Area Agency on Aging to provide specified Older Americans Act*

The Department has determined that provision of the following specific Title III and Title VII services are considered part of an Area Agency on Aging's functions: Information and Assistance (formerly information and referral); Case Management; Program Development and Coordination; Disease Prevention and Health Promotion; and Prevention of Elder Abuse, Neglect, and Exploitation. These services can be provided by the Area Agency because it has the leadership and mandated responsibility to meet the service needs of the targeted populations in the Planning and Service Area.

Area Agencies will receive authorization (through the Area Plan approval process) to provide these services for the four year plan period on the basis of completion of this Appendix IA.

Check all applicable types of service		Check applicable Fiscal Year if this Notice of Intent is not for all four Fiscal Years of the plan period			
Title III B X	Information and Assistance	 FY 01-02	 FY 02-03	 FY 03-04	 FY 04-05
Title III B	Case Management	<input type="checkbox"/> FY 01-02	<input type="checkbox"/> FY 02-03	<input type="checkbox"/> FY 03-04	<input type="checkbox"/> FY 04-05
Title III B X	Program Development and Coordination	 FY 01-02	 FY 02-03	 FY 03-04	 FY 04-05
Title III F X	Disease Prevention and Health Promotion	 FY 01-02	 FY 02-03	 FY 03-04	 FY 04-05
Title VII X	Prevention of Elder Abuse Neglect, and Exploitation	 FY 01-02	 FY 02-03	 FY 03-04	 FY 04-05

Please describe methods that will be used to assure that target populations throughout the Planning and Service Area will be served. **See Part One-41- for complete text.**

# Appendix IB

## ***Notice of Intent for Area Agency on Aging to provide specified Older Americans Act Services***

*Complete a separate Appendix IB for each type of service for which the AAA is requesting approval to provide as a direct services for the four-year planning period. (Do not include services identified in Appendix IA.)*

*Type of Service:* **Linkages and Respite Purchase of Service**

*Basis of Exception to OOA 307 (a) (10):*

  X   *Necessary to Assure an Adequate Supply of Services*

       *Comparable Quality is More Economical if Provided by the AAA*

*Check applicable Fiscal Years if this request is not for all four Fiscal Years of the Plan.*



FY 01-02



FY 02-03



FY 03-04



FY 04-05

*List and discuss the process followed and the documentation available to support this request. Also list the documentation available and add an asterisk next to the items that are provided as attachments.*

Notification of funding to provide these services arrived after the department's initial public hearing, which was held on March 12, 1998. The department does not anticipate being able to start the program until after the new year sometime in January, or February of 1999; therefore, public hearings will be conducted during the months of October through November to gather opinions from the public regarding the department's intent to provide Linkages and Respite Purchase of Service as direct services. Testimony and/or public comment will be supplied following the public hearings as an addendum to the Area Plan and transmitted to CDA in December 1998.

## **Rational**

Other counties with similar amounts covering areas significantly smaller than San Bernardino generally contract for or provide it directly by hiring less than two staff thereby leaving the remainder for services. The amount for the Linkages Program start-up is \$132,038 plus \$1,970 for Respite Purchase of Service for a total of \$134,008. If contracted this amount would permit a provider to hire 1.5 staff with appropriate overhead to cover the entire County for a period of four or five months. Considering the size of the County and its population centers adequate coverage with this small number of staff is neither feasible nor practical as a stand-alone program.

DAAS would rather combine it with the MSSP staff and prorate it accordingly. This will allow for greater coverage and expand services to all communities within the County. It will also widen the client base to include those individuals who do not qualify for MSSP and are not financially solvent enough to afford home health care services. Moreover, by combining it with MSSP a three-fold benefit for minimizing start-up cost and time can be realized. They are:

- Service locations are already in place.
- Trained staff who are familiar with existing core services and knowledgeable of other support resources are in place.
- Backlog of clients who meet the Linkage requirement are readily available.

More importantly the department feels that it would be counter productive to prepare and conduct a Request for Application to secure a provider who would operate the program for a period of four or five months only for the department to pull the contract the following year in preparation for the Long Term Care Integrated Pilot Project.

Funds for Linkages along with the Multi Purpose Senior Services programs are earmarked for inclusion in the LTCIPP as specified in Assemble Bill 1040.

# Appendix IB

## *Notice of Intent for Area Agency on Aging to provide specified Older Americans Act Services*

Complete a separate Appendix IB for each type of service (do not include services identified in Appendix IA) for which a request for approval to provide direct services for the four-year plan.

Type of Service: **Respite Registry, Respite Purchase of Services**

**Basis of Exception to OOA 307 (a) (10):**

☒ More Adequate Supply of Services

☐ More Economical Provision of Services/Comparable Quality

Check applicable Fiscal Years if this request is not for all four Fiscal Years of the Plan.

☐ FY97-98      ☐ 98-99      ☐ FY99-2000      ☐ FY 2000-01

**List and discuss the process followed and the documentation available to support this request. (add an asterisk to listed items which are provided as an attachment) and summarize facts which support this request.**

Notification of funding to provide this service arrived after the department's initial public hearing which was held on March 12, 1998. The department does not anticipate being able to start the program until after the new year sometime in January, or February of 1999; therefore, public hearings will be conducted during the months of October through November to gather opinions from the public regarding the department's intent to provide Respite Registry as direct services. Testimony and/or public comment will be supplied following the public hearings as an addendum to the Area Plan and transmitted to CDA in December 1998.

## Rational

DAAS feels that it would be counter productive and very expensive to prepare and conduct a Request for Application for \$3,333 to secure a provider to operate this program Countywide.

DAAS would rather combine it with the Information and Assistance staff and prorate it accordingly. This will allow for coverage to all communities within the County. Moreover, by combining it with Information and Assistance staff a three-fold benefit for minimizing start-up cost and time can be realized. They are:

- Service locations are in place.
- Trained staff who are familiar with the Respite Registry are in place.
- Backlog of clients needing the service are readily available.

# DEPARTMENT OF AGING AND ADULT SERVICES

COUNTY OF SAN  
BERNARDINO

The Designated Area Agency on Aging



MIKE DECKER  
Director

March 26, 1999

California Department of Aging  
1600 K Street  
Sacramento, Ca. 95814

Attention: Patrick Murphy, Policy Manager

I am writing to request the approval of the California Department of Aging for the San Bernardino County Department of Aging and Adult Services to provide Linkages, Respite Purchase of Services, and Respite Registry as direct services. Our governing board, the San Bernardino County Board of Supervisors, approved the provision of these programs as direct services in our Area Plan Update on June 2, 1998. We are ready to begin providing the Linkages Program and Respite Purchase of Services in the Desert region, and the Respite Registry Countywide as direct services. All three of these programs are a part of the long-term care continuum. San Bernardino County Department of Aging and Adult Services was approved by the California Department of Aging to begin the development of an administrative plan for implementation of an integrated long-term care pilot program.

Public hearings were conducted in Victorville on 10/5/98, Yucca Valley on 10/8/98, Barstow on 10/22/98, Chino on 10/26/98, and Needles on 10/28/98 with 203 members of the public in attendance for the purpose of obtaining input on the full continuum of long term care services, including Linkages, Respite Purchase of Services, and Respite Registry. The testimony and public comment on the provision of these services has been extremely positive. The only concern expressed has been when will the services begin. The transmittal letter from our governing body authorizing DAAS to provide these services directly was submitted to CDA as part of our Area Plan.

## Linkages and Respite Purchase of Services

The County of San Bernardino Department of Aging and Adult Services has effectively administered MSSP as a direct service for 16 years in the east and west valley regions of our County. We plan to operate the Linkages program in our desert region to provide a greater degree of equality in terms of the services available throughout our County to prevent premature institutionalization. The Respite Purchase of Services Program will be an adjunct to the Linkages Program and will serve primarily Linkages clients. DAAS has five offices strategically placed in the desert region, and thus can effectively serve the entire region.

No other agency or organization serves the entire desert region. We also administer the In-Home Supportive Services (IHSS) program as a direct service, providing services to in excess of 10,000 seniors and younger adults with disabilities each year. Our trained MSSP staff is familiar with core services and knowledgeable of other support services. DAAS' Linkages staff will be the same level as that used for MSSP, Registered Nurses (RN) and Senior Service Counselors (SSC). MSSP staff will be of invaluable assistance in supporting the Linkages program in that they are skilled in the case management process for this population and have established effective working relationships with the community resources.



DAAS is in a better position to Coordinate with other resources, as we also provide Senior Information and Assistance as a direct service and have daily contact with multiple community-based organizations. We have vendor agreements in place with all interested home health care agencies and a process by which we can obtain immediate services from home health agencies. The Linkages Program will result in a reduction in the number of premature placement of clients into institutional care facilities. It will provide greater access to services for those individuals who are frail or functionally impaired. Our staff have already identified over 200 clients who are in need of Linkages. services. DAAS has already developed trust and established credibility with the client population and within the communities to be served. This is a particularly important consideration in our desert region, where trust is often more difficult to establish.

#### Respite Registry

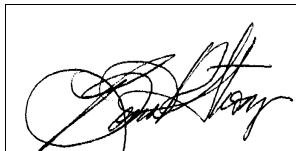
The Respite Registry Program will be available Countywide and will be accessed through the Senior Information and Assistance staff. DAAS currently has a registry consisting of approximately 10,000 individuals interested in providing domestic services and personal care to frail elderly and younger adults with disabilities as a part of the IHSS program. DAAS has successfully operated this registry since 1986. DAAS has experience with the quality of the care provided by many of these individuals. We have a ready supply of providers and anticipate no difficulty in obtaining as many additional providers as needed.

The information sheet, verifying documentation, and screening interviews by DAAS staff have proven to be extremely effective in eliminating unsuitable individuals from the registry. All individuals on the IHSS registry will be polled to determine their interest in being referred to care for private pay seniors and younger adults with disabilities. Based on the results of the polls and the number of individuals available in the various communities, additional recruitment will be done through strategically placed ads. As individuals come to the DAAS office indicating an interest in being an IHSS provider, they will be queried as to their interest in being referred for private pay. Those who are interested will be asked to complete an information sheet regarding their skills and interests and will be added to the Respite Registry.

Because of the procedures and processes in place, DAAS is in a unique position to provide the Respite Registry Program efficiently and effectively.

DAAS will be able to implement the Linkages, Respite Purchase of Services, and Respite Registry programs quickly and efficiently. There will be no increase in overhead costs, as these three programs will be implemented as an expansion of existing services. DAAS already has offices throughout the County. Based on the services DAAS currently provides, our accessibility throughout the region, our experience and expertise, the desire of the communities to be served by DAAS, there is no other agency that can provide the high quality of service as efficiently and cost effectively as DAAS.

We look forward to the receipt of your approval as soon as possible. Thank you for your



consideration.  
Bonnie Strong  
Planner  
BRS/brs

# APPENDIX II

## Public Hearings

Complete this section regarding public hearings conducted for the 1997-2001 Area Plan. Place an asterisk beside the hearings at which the PSA Plan was provided in a language other than English and/or at which a translator was used during the hearing. Indicate any hearing held at a long term care facility by entering (LTC) after the appropriate location:

Location	Date	Number Attending
San Moritz, Crestline	March 22, 2001	22
Victorville	March 26, 2001	17
Barstow	March 27, 2001	16
Yucca Valley	March 28, 2001	22
Redlands	March 29, 2001	22
Upland	April 5, 2001	12

Discuss outreach efforts used in seeking out the institutionalized or home-bound elderly/disabled older person's input into the PSA Plan

Announcements were placed in all the major newspapers, and flyers were posted in all the senior centers. Additionally, the flyers were sent to all the organizations responsible for the home-bound and disabled older persons.

Were proposed expenditures for program development, and coordination discussed at the hearing?

☒ YES  
☐ NO  
☐ Not Applicable

If a waiver is being sought for adequate proportion, were all applicable public hearing requirements noted in Appendix V met?

☐ YES  
☐ NO  
☒ Not Applicable

## **Summarize the comments received concerning the establishment of minimum percentages of adequate proportion.**

None were obtained as the adequate proportions for the Area Plan will be the same as it has been for the last four year cycle and will be met.

## **Summarize other major issues discussed or raised at the public hearings: Written Testimony**

Rolling Start submitted written testimony as follows:

**20 March 2001**

### **SENIOR AFFAIRS COMMISSION**

#### **Public Hearing on the Older American's Act**

*Written Testimony Submitted by*

*Rolling Start, Inc. Center for Independent Living*

***ASSISTIVE TECHNOLOGY, DRIVER SERVICES, PRESCRIPTION DRUGS AND AGING***

What is the Older Americans Act doing to help take care of our aging population and their need for reliance on assistive technology, supportive services and medication? How will our federal and state budgets deal with 29% of the population-baby boomers and their parents-aging together? The Senior Affairs Commission has the opportunity to become a leader on this issue in San Bernardino County.

#### **BACKGROUND**

Baby boomers, who make up nearly a third of our nation's population, can benefit from advances that will ensure them longer, healthier and more productive lives than any generation in history. But are they ready?

Currently, there are now 76 million Americans over 50 years of age, and that number will grow by 50 percent in the next two decades (1). In California alone, the population age 50 or older is expected to increase by nearly 70 percent during this time period to more than 14.3 million-making our elder population larger than the entire populations of Los Angeles, San Diego and San Francisco counties combined (2).

Just as social institutions have been unprepared for the repercussions of the teen boom and Generation X, they have done little to prepare for aging baby boomers.

If the pundits are correct, the volume of baby boomers making demands on retirement benefits could easily break the backbone of the Social Security system in the early decades of the 21st Century. As a result, it is crucial that baby boomers get ready to take on some of the costs that come with living longer.

However, during the next 15 years, the federal surplus is expected to total a staggering \$5.9 trillion-\$3 trillion in Social Security accounts and another \$2.9 trillion in the balance of the federal budget (3). So far, the debate over this windfall has focused on how the competing alternatives allocate benefits among the rich, the poor and the middle class. Of greater consequence will be how the State and local governments allocate benefits among generations and how we maintain our quality of life.

As the population of the United States gets older, it will take a greater effort to maintain the same quality of life. Cost is obviously a concern, but are America's health care professionals ready for the challenges ahead? Are insurers ready? Do we have enough in-home supportive services and assistive living accommodations for those who need it now or in the not-too-distant future? Do we have enough services available for the aging baby boomers to maintain their quality of life?

## **ASSISTIVE TECHNOLOGIES, DRIVER SERVICES AND AGING**

Given the complexities associated with the issue of aging, is it any wonder that as we grow older we know very little about the technology or services available, including assistive technology and driver services.

What is assistive technology? Assistive technology is the term used to describe devices, services or strategies that are used to compensate for functional limitations and to enhance and increase learning, independence, mobility, communication, environmental control, and choice. Assistive technology ranges from handrails, walkers, manual and power wheelchairs, and hearing aids to voice-activated computers and telecommunication devices designed to be used by people with all types of disabilities. Assistive technology also refers to direct services that assist individuals in selecting, acquiring and/or using such devices.

At one point or another, you or someone you know will use assistive technologies. As we think about demographics and our aging population, it will certainly be sooner rather than later before we all encounter a need for greater access to these technologies.

If you look at today's society, you will notice that there are many people who use assistive technologies. Actor Christopher Reeve uses a power wheelchair and ventilator as a result of a horse riding accident (4). Former Mouseketeer Annette Funichello uses a power wheelchair owing to her battle with multiple sclerosis (5). President Clinton wears a hearing aid and golfer Jack Nicklaus used a golf cart at professional tournaments during his recuperation from hip replacement surgery (6,7). And these are but a few examples of high profile assistive technology users.

With the sheer number of people who are aging, society's challenge is to make certain that we know what assistive technologies are available and how we can access them?

In San Bernardino County supportive services, such as driver services, are particularly important. 80% of the population is concentrated in a 650 square mile area in the valleys of the southwest corner of the County along the I-10, I-15 and I-215 freeway corridors. But this service area also has the desert and mountain areas that contain pockets of isolated, low-income disabled and elderly consumers. Rolling Start's service area is the largest geographic area served by a Center for Independent Living anywhere in the United States. San Bernardino County alone has a land area in excess of 19,000 square miles, larger than many states.

The distances involved, not to mention the inadequate public transportation provided in areas outside of the major population centers, makes it critical that we provide augmentative transportation services to our seniors. It does no good whatsoever to advocate for individuals to remain in their homes, if the lack of supportive services transform those homes into virtual, if not actual, prisons.

Rolling Start Independent Living Center believes it is important to educate the general public about assistive technology and services-what they are, what they do, who can benefit from their use, and how to get them. Assistive technology and services may not be needed by most baby boomers right now, but they and their family members or friends may benefit from their use someday.

Adults taking care of aging parents and seniors living on their own or moving into assisted living environments need to be aware of the resources available to them. We can assist individuals in these areas by providing them information and training regarding the availability and use of assistive strategies, but this assistance is moot without the support of State and local government in the acquisition of these devices and services.

## **PRESCRIPTION DRUGS AND AGEING**

Medicare and Social Security are currently bracing to pay benefits to the millions of baby boomers who will reach retirement age between now and 2011. By 2020, the Census Bureau projects the 65 and older portion of the population will expand from today's 12.5% of the population to 16.6%. The U.S. already devotes 5% of GDP to health care for the elderly (largely because of the generosity of Medicare), and per capita health care spending on seniors, at over \$12,000 yearly, is more than four times the per-capita cost for non-seniors.

Factors leading to soaring drug costs in the American health care system:

- Chronic illnesses are increasing with the aging of the population.
- An intensified sales effort by the drug industry. Direct-to-consumer advertising and new legions of sales professionals calling on physicians increase the public's demand for the newest, most expensive drugs.

- Convoluted and lists of drug "formularies" (available drugs, their uses and their interactions) require increased administrative work to sort through, thus forcing costs upward.
- Research budgets are escalating rapidly. Breakthroughs in research and development are creating significant new drug therapies, allowing a wide range of popular treatments that were not previously available. An excellent example is the rampant use of antidepressants such as Prozac. Meanwhile, major drug companies face the loss of patent protection on dozens of leading drugs over the next seven years—they are counting on expensive research, partnerships and acquisitions to replace those marquis drugs.
- "Lifestyle" drug use is increasing, as shown by the popularity of such drugs as Viagra (for the treatment of sexual dysfunction) and Propecia (for the treatment of male baldness).

A study released in May 2000 showed that spending on drugs in the U.S. rose 25% or more in each of the years 1997-1999. The cost of pharmaceuticals for seniors rose at rates much higher. The study, created by Brandeis University, tracked the drug purchases of 1.4 million patients served by PCS Health Systems' pharmacy benefits services.

While many of these causative factors are beyond the scope of the Senior Affairs Commission, the fact that our seniors today, and ourselves tomorrow, will be paying more for the medications on which we rely for our continued good health does not.

Rolling Start and the rest of California's Independent Living Centers are committed to the advocacy of Senior's rights, but the fact remains that without the commitment of resources by both State and local government, it will fall to those least able to afford it, our seniors, to cover the projected increase in the cost of prescription drugs.

## WHAT NOW?

While millions of Americans continue to struggle with how to care for themselves or aging family members, it is vital that the general public be aware of the issues and concerns that come with growing older.

First, society must embrace assistive technology, increased use of prescription drugs and supportive services as resources to maintain quality of life by highlighting those who use them.

Second, insurers need to address the coverage of assistive technology. Insurance companies and HMOs cover costs of some assistive technologies, such as crutches following a knee surgery. However, all assistive technologies should be covered. A consumer should not have to pay entirely out of his or her own pocket for technology that will help to maintain his or her health.

Finally, local government and the Senior Affairs Commission need to increase the priority level of assistive technology, prescription drug co-pay and supportive services such as driver services as well as their funding. Without these needed resources, many Californians would do without some of the assistance and medical equipment that we take for granted such as the latest in hearing aid technology or ramps and low-rise, long-tread stairs that would allow them access to their own homes. The benefits of these actions, in terms of both the savings generated by allowing senior to continue living independently at home and the immeasurable contribution to their quality of life, more than justify this action.

## CONCLUSION

The health care field has made tremendous advances in helping to increase our longevity and thus allowing us to live with chronic illnesses that previously would have taken our lives. However, these advancements in health care do not necessarily mean an enhancement in the quality of life. That is why we need assistive technology and services and access to medication - to provide the tools and resources needed to maintain independence and a person's quality of life. These resources can help many Californians to communicate more effectively, increase their mobility, or perform many functions that they otherwise would be unable to do for themselves.

The Senior Affairs Commission has the responsibility to be a catalyst for change by educating the public about and promoting the use of these resources through outreach to those seniors in San Bernardino County who may benefit from their use and through increases in their funding. For our part, we will provide information and training about their availability and use. We will also help direct consumers to appropriate evaluation centers or services in order to help determine which are most appropriate, and will act as an advocate to ensure that as health care advances, so too does the availability of goods and services that can take full advantage of those very advances.

1 U.S. Department of Health and Human Services, *Administration on Aging*, December 1996.

2 "County Population Projections 1999-2040," *California Department of Finance, Demographics Unit*, December 1998.

- 3 *Social Security Administration, July 1997.*
- 4 *"The Unwanted Role of a Lifetime: Since His Injury, Christopher Reeve Has Become Perhaps the Most Effective Medical Fund-Raiser on the Planet," Orange County Register, November 22, 1998, Pg. A30.*
- 5 *"Fall of a Mouseketeer," Good Housekeeping, June 1, 1999, No. 6, Vol. 228, Pg. 114.*
- 6 *"Clinton Gets Hearing Aids for Both Ears," Los Angeles Times, October 4, 1997, Pg. 7*
- 7 *"Nicklaus Forced to Ride Cart: After Opposing Martin's Use, He Gives into Pain," San Diego Union-Tribune, June 26, 1999, Pg. D-9.*

## Public Testimony

The findings contained on the following pages are organized by place, number attending the Public Hearings and the comments made by the seniors in attendance. To date, six Community Forums have been conducted, with a total of 111 senior citizens attending

### San Moritz Lodge, Crestline - Public Testimony-22 Attendees

Need an outlet for the Department of Aging and Adult Services with regular hours.  
More service to the isolated.

### Victorville - Public Testimony-17 Attendees

Low income housing needed.  
More emphasis is needed for the rural elderly.  
Transportation is always a need.

### Barstow - Public Testimony-17-Attendees

Help with utility bills, some seniors are losing their homes because they cannot afford to pay the utility bills.  
Long distance transport for medical appointments.  
Medical specialist services needed, i.e. eye surgery, dialysis, orthopedic surgery.  
Public transportation is limited to hours and capacity.  
Lack of In-home services, i.e. personal care, chore, fee for service.  
Respite care services for relatives of providers.  
Congregate/assisted living centers.  
Need a health care clinic in Baker.

### Yucca Valley - Public Testimony-22-Attendees

Respite care services for relatives of providers.  
More Senior Companion Programs services.

Help with utility bills, some seniors are losing their homes because they cannot afford to pay the utility bills.  
Need health care coverage for the care-givers of elderly relatives.

## **Redlands Public Testimony-22-Attendees**

Need more phone numbers for different services.  
Utility bills are going up so fast that I cannot keep up with them. What can I do?  
Need more services for the blind.

## **Upland - Public Testimony- -Attendees**

Need to get the word out about the hearing and your agency.  
Public testimony was given by the Alzheimer's Association regarding their growing service needs.

## **List major changes in the PSA Plan as a result of input from attendees at the hearings:**

None, the plan remains as submitted and will need to be changed as the National Caregiver monies are received and programmed into the Planning and Service Area.

# Public Hearings

## Department of Aging and Adult Services

### Four Year Area Plan on Aging

*Public hearings for the four year Area Plan on Aging are required by the Older Americans Act and the Older California's Act in order to solicit public comments from older persons prior to the plan being implemented by the Department of Aging and Adult Services. This assures that the goals, directions, and actions will be in accordance with the wishes and intent of older persons living within the County of San Bernardino. These public hearings will take place on the following dates, times, and locations throughout the County of San Bernardino during March and April 2001.*

<b>Date</b>	<b>Time</b>	<b>Place/Address</b>	<b>City</b>
March 22, 2001	1:30 PM	San Moritz, Crestline, CA	Crestline
March 26, 2001	2:00 PM	Victorville City Hall-14343 Civic Drive, Victorville, CA. 92392	Victorville
March 27, 2001	10:00 AM	Barstow Senior Center-555 Melissa Street, Barstow CA. 92311	Barstow
March 28, 2001	10:00 AM	Yucca Valley Senior Center Behind the Library off Dumosa Street	Yucca Valley
March 29, 2001	10:00 AM	Redlands Senior Center-111 West Lugonia, Redlands, CA. 92374	Redlands
April 5, 2001	10:00 AM	George M. Gibson Senior Center, 250 N. Third Street, Upland, CA. 91786	Upland

Post this notice in a conspicuous place and plan to join us for an hour or so plus come prepared to give us your comments. For additional information please call (909) 891-3900 and ask for Bonnie Strong. Should you require special accommodations, such as sign language or wheel chair access please call in advance to the number listed above.

Publication dates were:

THE SUN published dates 3/2,3/9,3/16,3/23,3/30  
 PRECINT REPORTER published dates 3/15,3/29  
 EL CHICANO published dates 3/8  
 HI DESERT STAR published dates 3/7, 3/21  
 INLAND VALLEY DAILY BULLETIN published dates 3/8  
 WESTSIDE STORY published dates 3/8, 3/22  
 MOUNTAIN COURIER published dates 3/8,3/22



# Public Hearing Input Form

On the lines below please list your most pressing concerns. You do not have to give us your name, address, etc.

*If possible please print!*

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, text, or other markings on the page.

Was the Public Hearing helpful? Yes ☒ No ☐

**If yes, in what way(s)?**

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**If no, why?**

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*Please turn in your input form before you leave.  
Thank You for attending today and for your  
valuable input.*

# APPENDIX III

## Governing Board

Name/Title of Officers Expires	Term
Dennis Hansberger	11/2002
Jon D. Mikels	11/2002
Bill Postmus	11/2004
Fred Aguiar	11/2002
Jerry Eaves	11/2004

Number of Members of the Board 5

# APPENDIX IV

## Advisory Council

Older American Act Regulations 1321.57

### Name/Title of Officers

### Term Expires

Wilma Carmichael	3/2005
Angelina Cordova	7/1998
Lou Deetz	2/2004
Gerry De Laye	4/1999
Felton Anderson	07/2002
Elmer Jesse France	7/2001
Al Garcia-H	2/1999
Gladys Hotchkiss,	1/2003
<b>Walter Johnson,Jr., Vice Chairman</b>	<b>1/2001</b>
Kathleen "Kitty" Mesler	1/1999
June Milligan	3/2004
<b>Lee E. Mills, Secretary</b>	<b>10/1998</b>
Michael Morales	01/2001
Virginia Morning	10/2006
John Olson	7/2001
Cherie L. Schroeder	4/1998
Shirley Sheridan	10/2002
Elmer Steeve	1/2001
Len Tyler	12/2000
Junell Weber	10/1998
<b>David Wilder, Chairman</b>	<b>3/2008</b>
Marvin Wilkerson	3/1997
John Wotherspoon	10/2000
Esther Wright	1/1999
Ralph Bentley	Emeritus Member
Ian Brodie	Emeritus Member
Wade Byars	Emeritus Member
Nellie Colunga	Emeritus Member
Phyllis Glaza	Emeritus Member
June Hibbard	Emeritus Member
Dorothy Inghram	Emeritus Member
H.B. (Ben) Kidner	Emeritus Member
Vern Maxie	Emeritus Member
Millie Paul	Emeritus Member
Mary Platt	Emeritus Member
George Reed	Emeritus Member
Rebecca Robar	Emeritus Member
Fay Rodgers	Emeritus Member
H.M. "Doc" Williams	Emeritus Member
Lucile Williamson	Emeritus Member

A total of 6 Commissioners are appointed by the County of San Bernardino, **Board of Supervisors**, 6 are selected by the Commissioners from the communities they serve, 4 are members of the CSL, 4 are appointed by the Nutrition Projects, 7 are Regional Council on Aging Chairs, and 1 is a Silver Haired Congresswomen.

# APPENDIX IV

## Advisory Council

Older Americans Act Regulation §1321.57

General Number	Membership	Characteristics
Council	Members (Total	including
<u>28</u>		vacancies)

Race/Ethnic Composition	% of PSA 60+ Population	% on Advisory Council
White 22	<u>88.2%</u>	<u>72.8%</u>
Hispanic 3	<u>7.8%</u>	<u>13.6%</u>
Black 3	<u>2.6%</u>	<u>13.6%</u>
Asian/Pacific Islander	<u>.07%</u>	<u>0. 0%</u>
Native American/Alaskan	<u>.07%</u>	<u>.0%</u>
Other		
Low Income Representatives		
Disabled Representative		
Supportive Services Provider Rep		
Health Care Provider Rep		
Veteran Health Care Provider Rep		
(If Appropriate)	<u>✓</u>	No
Local Elected Officials	Yes	No
Persons with Leadership Experience	<u>✓</u>	No
In the Private and Voluntary	Yes	No
Sectors	<u>✓</u>	No
	Yes	No
	<u>✓</u>	No
	Yes	No
	<u>✓</u>	No
	Yes	No
	<u>✓</u>	No
	Yes	No
	<u>✓</u>	No

Explain any "No" answers:

**Briefly describe the process designated by the local governing bodies to appoint advisory council members:** Thirty percent of the Commissioners are appointed by the Board of Supervisors in accordance with the Maddy Act, four are appointed by the Nutrition Projects, four are elected California Senior Legislature Representatives the remainder are selected by the Commission and one is appointed by the Congressional office as a Silver Haired Legislator.

## **A P P E N D I X V**

### **Access, In-Home Services and Legal Assistance**

Based on analyses by the Area Agency of needs assessment findings and resources available within the Planning and Service Area and discussions at public hearings on the Area Plan, the following minimum percentages of applicable Title III B funds have been identified for annual expenditure throughout the four year plan period.

#### **Category of Service**

#### **Percentage of Title IIIB Funds To Be Expended 2001-2005**

**Access:  
(Outreach,  
Transportation,  
Information and  
Assistance, and Case  
Management)**

**62**

**In-Home Services:**

**2.0%**

**Legal Assistance:**

**13.0%**

*In order to provide details about the amount of funds expended in 99-2000 for access, in-home services and legal services, attach a copy of page 6 from your closeout document for 1998-99.*

## **Changes in Adequate Proportion for 2001-2005**

**None**

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1. Demonstrate that services being provided for (category) in the PSA are sufficient to meet the need for the service within the PSA.

**No need, Adequate Proportion levels have been met. See page 6 of the Budget display.**

2. Provide documentation that prior notification of the PSA Plan public hearings was given to all interested parties in the PSA and that the notification indicated that:

**No need, Adequate Proportion levels have been met. See page 6 of the Budget display.**

3. Prepare and submit a record (e.g., a transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed reduction in funding for this category of service was discussed at PSA Plan public hearings.

**No need, Adequate Proportion levels have been met. See page 6 of the Budget display.**

## **APPENDIX VI**

### **Community Focal Point Chart**

Provide an updated list of designated community focal points and their addresses

**See Attached List**

**Focal Point  
Organization**

**City, Town, and County**

**2001-2005**

<b>BONNIE BAKER SENIOR CITIZENS CLUB</b>	<i>149350 Ukiah Trail Big River, CA 92242 San Bernardino County</i>
<b>STEELWORKERS OLDTIMERS FOUNDATION</b>	<i>8572 Sierra Avenue Fontana, CA 92335 San Bernardino County</i>
<b>CITY OF REDLANDS COMMUNITY SERVICES DEPARTMENT JOSLYN SENIOR CENTER</b>	<i>21 Grant Street Redlands, CA 92373 San Bernardino County</i>
<b>CITY OF SAN BERNARDINO PARK, RECREATION AND COMMUNITY SERVICES</b>	<i>600 West Fifth Street San Bernardino, CA 92410 San Bernardino County</i>
<b>COUNTY OF SAN BERNARDINO DEPARTMENT OF AGING AND ADULT SERVICES</b>	<i>686 East Mill Street San Bernardino, CA 92415 San Bernardino County</i>
<b>COMMUNITY SERVICE AREA #63 SCHERER CENTER YUCAIPA SENIOR CENTER</b>	<i>12202 First Street Yucaipa, CA 92399 San Bernardino County</i>
<b>YUCCA VALLEY PARKS AND RECREATION YUCCA VALLEY SENIOR CENTER</b>	<i>57088 Twentynine Palms Hwy Yucca Valley, CA 92284 San Bernardino County</i>
<b>MOJAVE VALLEY SENIOR CITIZENS CLUB BARSTOW SENIOR CENTER</b>	<i>555 Melissa Barstow, CA 92311 San Bernardino County</i>
<b>CITY OF VICTORVILLE RECREATION AND PARKS DEPARTMENT COMMUNITY CENTER</b>	<i>15075 Hesperia Road Victorville, CA 92392 San Bernardino County</i>
<b>CITY OF ONTARIO RECREATION DEPARTMENT CIVIC CENTER COMMUNITY BLDG</b>	<i>225 East "B" Street Ontario, CA 91764 San Bernardino County</i>



# APPENDIX VII

## Title III-B, Multipurpose Senior Center (MPSC) Aquisition and Construction Compliance Review - 1980 to 6/30/97

**PSA 20**



No Title III-B funds have been used for MPSC Acquisition or Construction.

Title III Grantee and/or Senior	Type Acq. /Const	III-B Funds Awarded	Recapture Period		Compliance
			Begins	Ends	
Name: Address:					
Name: Address:					
Name: Address:					
Name: Address:					
Name: Address:					
Name: Address:					



Construction is defined as building a new facility, including the costs of land acquisition, architectural and engineering fees, or making modifications to, or in connection with, an existing facility which more than doubles the square footage of that original facility and all physical improvements.



Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as an MPSC.

# APPENDIX VIII

## Corporate Eldercare

Is the Area Agency currently involved in corporate eldercare?

☐ Yes    ☒ No If yes, please describe your activities.

Is the Area Agency planning to become or to continue to be involved in corporate eldercare?

☐ Yes    ☒ No If yes, please describe your activities.

The Area Agency shall adhere to all the corporate eldercare requirements of the California Department of Aging. The department is currently in the process of regulation development. Until regulations are finalized, all corporate eldercare activities should be consistent with program Memos 90-57 and 91-38.

Area Agencies planning to initiate contracts should draft proposals as soon as possible to allow the Department to work with Area Agency to expedite the review and approval process.